129004

Study Area Code (SAC)

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

TracFone Wireless Inc.
ETC Name
TracFone Wireless Inc
Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Ccs? Yes No 💿
ng ETC, using page 4 and additional sheets if necessary. Affiliation shall be cations Act. That Section defines "affiliate" as "a person that (directly or indirectly) mon ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's Name
ficer is a person who occupies a position specified in the corporate by ly be president, vice president for operations, vice president for finance the filer is a sole proprietorship, the owner must sign the certification.
omplete this section
omplete this section tion procedures in place to:
tion procedures in place to:  ocumentation prior to enrolling a consumer in the Lifeline program, and any was presented with documentation of each consumer's household
tion procedures in place to:  ocumentation prior to enrolling a consumer in the Lifeline program, and any was presented with documentation of each consumer's household his or her enrollment in Lifeline; and/or  access to a state database and/or notice of eligibility from the state
1

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
13303	0	556	3292	9455

### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
7738	7732	6	0	6

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
1717	1299

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to receive	rtify consumer eligibility by relying on:
	MED.SSI. TANF	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an	officer of the company named above. I am
	authorized to make this certification for the SAC listed above.	
	Initial JR	

OR

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Initial	
umuai	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
9455	1305	13.8%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 💿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	331
February	245
March	302
April	163
May	282
June	222
July	267
August	272
September	272
October	252
November	260
December	321
Total Subscribers	3189

# Signature Block

	Javier Rosado Sr. Off. ABU	
Signed,		
Certified Online		
Signature of Officer	Printed Name and Title of Officer	
jrosado@tracfone.com	01/31/2017	
Email Address of Officer	Date	
Janet Morejon	305-715-6522	
Person Completing This Certification Form	Contact Phone Number	

169001

Study Area Code (SAC)

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

2016	NJ	certification form for each SAC through which it provides Lifeline service).  TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name 'A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting comp	any have affiliated ETCs?	Yes No O
determined in accordance with S	Section $3(2)$ of the Communication.	C, using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
For purposes of this filin	a on officer is an ecoupen	t of a position listed in the article of incorporation articles of
formation, or other similar laws (or partnership agreen	legal document. An officer nent), and would typically be	t of a position listed in the article of incorporation, articles or is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance iller is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cer	tification All ETCs must complete	e this section
I certify that the company la	isted above has certification p	rocedures in place to:
that, to the best of my	knowledge, the company w	nentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or
	gibility by relying upon accerior to enrolling a consumer in	ess to a state database and/or notice of eligibility from the state in the Lifeline program.
I am an officer of the comabove.	pany named above. I am aut	chorized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
134715	0	9021	41805	83889

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
56234	56158	76	0	76

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
27655	4236

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place	e to recertify consumer eligibility by relying on:
	MEDICAID, TANF, LIHEAP, SNAP, SSI	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L.	I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above	e.
	Initial JR	

OR

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
83889	4312	5.14%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	3763
February	3528
March	4618
April	2999
May	4152
June	3785
July	3928
August	4192
September	4141
October	3316
November	3622
December	4232
Total Subscribers	46276

# Signature Block

	Javier Rosado Sr. Off. ABU	
Signed,		
Certified Online		
Signature of Officer	Printed Name and Title of Officer	
jrosado@tracfone.com	01/31/2017	
Email Address of Officer	Date	
Janet Morejon	305-715-6522	
Person Completing This Certification Form	Contact Phone Number	

499012

Study Area Code (SAC)

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

2016	NM	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Otl (If same as ETC name, list "N/	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	any have affiliated ETCs?	Yes No O
determined in accordance with S	Section $3(2)$ of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly onership or control with, another person." 47 U.S.C. § 153(2). See also 47
		Affiliated ETC's Name
Affiliated ETC's SAC		
Affiliated ETC's SAC		
For purposes of this filing formation, or other similar laws (or partnership agreen	legal document. An officer ment, and would typically be	of a position listed in the article of incorporation, articles is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for financier is a sole proprietorship, the owner must sign the certification.
For purposes of this filing formation, or other similar laws (or partnership agreen comptroller, treasurer, or a	legal document. An officer ment, and would typically be	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
For purposes of this filing formation, or other similar laws (or partnership agreen comptroller, treasurer, or a section 1: Initial Cer	legal document. An officer ment), and would typically be comparable position. If the fi	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for financier is a sole proprietorship, the owner must sign the certification.  this section
For purposes of this filing formation, or other similar laws (or partnership agreen comptroller, treasurer, or a section 1: Initial Cer I certify that the company li A) Review income and prothat, to the best of my	legal document. An officer ment), and would typically be comparable position. If the fi  tification All ETCs must complete sted above has certification program-based eligibility document knowledge, the company were ment of the step of	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for financier is a sole proprietorship, the owner must sign the certification.  this section
For purposes of this filing formation, or other similar laws (or partnership agreen comptroller, treasurer, or a section 1: Initial Cer I certify that the company li A) Review income and program-that, to the best of my income and/or program-B) Confirm consumer elig	legal document. An officer inent), and would typically be comparable position. If the fittification All ETCs must complete sted above has certification program-based eligibility docume knowledge, the company we based eligibility prior to his or	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.  this section  occedures in place to:  entation prior to enrolling a consumer in the Lifeline program, are as presented with documentation of each consumer's househow ther enrollment in Lifeline; and/or  s to a state database and/or notice of eligibility from the state
For purposes of this filing formation, or other similar laws (or partnership agreen comptroller, treasurer, or a section 1: Initial Cer I certify that the company li  A) Review income and proper that, to the best of my income and/or program-I  B) Confirm consumer elig Lifeline administrator processors.	legal document. An officer ment), and would typically be comparable position. If the fittification All ETCs must complete sted above has certification program-based eligibility docume knowledge, the company whose deligibility prior to his orbibility by relying upon accession to enrolling a consumer in	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.  this section  occedures in place to:  entation prior to enrolling a consumer in the Lifeline program, are as presented with documentation of each consumer's househow ther enrollment in Lifeline; and/or  s to a state database and/or notice of eligibility from the state

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
33391	0	2688	11292	19411

### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
12794	12777	17	0	17

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
6617	5704

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify	consumer eligibility by relying on:
	MEDICAID . (Li.	ist database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an offi	
	authorized to make this certification for the SAC listed above.	
	Initial JR	

OR

In	itial	
ш	uuai	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
19411	5721	29.47%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	904
February	841
March	1066
April	753
May	1158
June	984
July	1126
August	1097
September	1204
October	1230
November	1205
December	1252
Total Subscribers	12820

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SA (An Eligible Telecommuni		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
2016	NV	TracFone Wireless Inc.
Recertification Year State		ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that determined in accordance with	th Section $3(2)$ of the Communications	Yes No O  using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) where ship or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other simil laws (or partnership agree	lar legal document. An officer is tement), and would typically be	of a position listed in the article of incorporation, articles of some a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance for is a sole proprietorship, the owner must sign the certification.
Section 1: Initial C	Certification All ETCs must complete	this section
I certify that the company	y listed above has certification pr	ocedures in place to:
that, to the best of i	my knowledge, the company wa	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
	eligibility by relying upon access prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the coabove.	ompany named above. I am auth	norized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
28377	0	1650	11556	15171

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
15169	11008	4161	0	4161

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2	1

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place	e to recertify consumer eligibility by relying on:
	MEDICAID, SNAP, TANF	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L.	I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above	re.
	Initial JR	

OR

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In	nit	ial		
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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
15171	4162	27.43%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	1052
February	964
March	1009
April	911
May	1074
June	930
July	857
August	843
September	1061
October	1045
November	1135
December	1224
Total Subscribers	12105

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

159016

Study Area Code (SAC)

### **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

2016	NY	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Ot (If same as ETC name, list "N	ther Branding Name /A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting comp	any have affiliated ETCs?	Yes No O
determined in accordance with	Section 3(2) of the Communications	, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
		ACC'1' ( 1 ETIC! N
Affiliated ETC's SAC		Affiliated ETC's Name
For purposes of this filin formation, or other similar laws (or partnership agreer	legal document. An officer ment), and would typically be	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance
For purposes of this filin formation, or other similar laws (or partnership agreer comptroller, treasurer, or a Section 1: Initial Center of the section 1:	r legal document. An officer ment), and would typically be comparable position. If the fi	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
For purposes of this filin formation, or other similar laws (or partnership agreer comptroller, treasurer, or a  Section 1: Initial Cer I certify that the company I  A) Review income and prothat, to the best of my	relegal document. An officer ment), and would typically be comparable position. If the first file of the file of t	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
For purposes of this filin formation, or other similar laws (or partnership agreer comptroller, treasurer, or a Section 1: Initial Cer I certify that the company I A) Review income and protection that, to the best of my income and/or program-B) Confirm consumer eligible.	relegal document. An officer ment), and would typically be comparable position. If the firefication All ETCs must complete isted above has certification program-based eligibility document knowledge, the company we based eligibility prior to his of	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  This section  Toccedures in place to:  Tentation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household the enrollment in Lifeline; and/or
For purposes of this filin formation, or other similar laws (or partnership agreer comptroller, treasurer, or a  Section 1: Initial Cer  I certify that the company I  A) Review income and protection that, to the best of my income and/or program-  B) Confirm consumer eligible Lifeline administrator p	relegal document. An officer ment), and would typically be comparable position. If the first retification All ETCs must complete isted above has certification program-based eligibility document knowledge, the company we based eligibility prior to his orgibility by relying upon acception to enrolling a consumer in	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  This section  Toccedures in place to:  Tentation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household the enrollment in Lifeline; and/or

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
385246	0	28532	137620	219094

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
153612	153434	178	0	178

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
65482	10777

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

MEDICAID SNAP LIHEAP SSI TANF FAM ASSIST SAFET. (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	JK

OR

T *4* I	
Initial	
11111111111	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
219094	10955	5.0%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	8747
February	9705
March	14078
April	9829
May	12555
June	12161
July	12920
August	13203
September	13086
October	11185
November	12294
December	13620
Total Subscribers	143383

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

309002

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a c		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).		
2016	ОН	TracFone Wireless Inc.		
Recertification Year	State	ETC Name		
SafeLink Wireless		TracFone Wireless Inc		
DBA, Marketing, or (If same as ETC name, list	Other Branding Name "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Provide a list of all ETCs that determined in accordance wi	th Section 3(2) of the Communications	Yes No O  using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) enership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC		Affiliated ETC's Name		
formation, or other similaws (or partnership agree comptroller, treasurer, or	lar legal document. An officer i eement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.		
	y listed above has certification pro			
A) Review income and I that, to the best of	program-based eligibility docume my knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or		
	eligibility by relying upon acces r prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.		
I am an officer of the cabove.	ompany named above. I am auth	norized to make this certification for the Study Area Code listed		
Initial				

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
183636	0	9618	63568	110450

### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
86037	85961	76	0	76

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
24413	18982

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place	e to recertify consumer eligibility by relying on:
	SSI, TANF, MEDICAID	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L.	
	authorized to make this certification for the SAC listed above	e.
	Initial JR	

OR

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
110450	19058	17.25%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	4830
February	3925
March	4215
April	3273
May	4592
June	3966
July	4305
August	4584
September	4691
October	4494
November	5145
December	5676
Total Subscribers	53696

# Signature Block

	Javier Rosado Sr. Off. ABU	
Signed,		
Certified Online		
Signature of Officer	Printed Name and Title of Officer	
jrosado@tracfone.com	01/31/2017	
Email Address of Officer	Date	
Janet Morejon	305-715-6522	
Person Completing This Certification Form	Contact Phone Number	

539013

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SAC (An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2016	OR	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Ot (If same as ETC name, list "N/	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that and determined in accordance with S	Section 3(2) of the Communication	Yes No O  C, using page 4 and additional sheets if necessary. Affiliation shall be as Act. That Section defines "affiliate" as "a person that (directly or indirectly) ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other similar laws (or partnership agreen comptroller, treasurer, or a	legal document. An officer nent), and would typically be comparable position. If the f	nt of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by a president, vice president for operations, vice president for finance filer is a sole proprietorship, the owner must sign the certification.
	tification All ETCs must complet	
I certify that the company li	sted above has certification p	procedures in place to:
that, to the best of my	knowledge, the company v	nentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or
	ibility by relying upon accerior to enrolling a consumer i	ess to a state database and/or notice of eligibility from the state n the Lifeline program.
I am an officer of the com above.	pany named above. I am au	thorized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
23069	0	2676	3940	16453

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
16453	905

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial \_\_\_\_\_\_

AND/OR

	AND/OR
B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	MEDICAID, SNAP, SSI, TANF  . (List database or name of administrator here) Result
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

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l m	nitia		
	пиа		

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
16453	905	5.5%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes **O** 

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	1720
February	944
March	1267
April	546
May	881
June	827
July	794
August	858
September	853
October	894
November	523
December	561
Total Subscribers	10668

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

179011

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SA (An Eligible Telecommun		Service Provider Identification Number (SPIN) vertification form for each SAC through which it provides Lifeline service).
2016	PA	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or (If same as ETC name, list	Other Branding Name "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that		Yes No No Quantity No
		Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other simi laws (or partnership agre comptroller, treasurer, o	lar legal document. An officer seement), and would typically be	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
I certify that the compan	y listed above has certification pr	cocedures in place to:
that, to the best of	my knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household rher enrollment in Lifeline; and/or
	eligibility by relying upon acces r prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the cabove.	ompany named above. I am autl	horized to make this certification for the Study Area Code listed
Initial JR		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
247187	0	17305	85367	144515

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
124328	114700	9628	0	9628

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
20187	801

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

<u>MEDICAID. MEDICAL ASSISTANCE. SNAP. LIHEAP. SSL TA</u>. (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	JK

OR

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Ini	tial	
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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
144515	10429	7.22%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No 🔘

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	6082
February	5790
March	8629
April	5426
May	7053
June	6724
July	6960
August	7576
September	7518
October	6362
November	7744
December	8654
Total Subscribers	84518

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

639009

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a continuous conti		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).		
2016	PR	TracFone Wireless Inc.		
Recertification Year	State	ETC Name		
SafeLink Wireless		TracFone Wireless Inc		
DBA, Marketing, or O	Other Branding Name N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Provide a list of all ETCs that determined in accordance with	h Section 3(2) of the Communications	Yes No No with No with No with No with No with No No with No with No		
Affiliated ETC's SAC		Affiliated ETC's Name		
formation, or other similal laws (or partnership agree comptroller, treasurer, or	ar legal document. An officer i ement), and would typically be I	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.		
· · · · · · · · · · · · · · · · · · ·	listed above has certification pro			
A) Review income and protection that, to the best of m	rogram-based eligibility docume ny knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or		
	igibility by relying upon acces prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.		
I am an officer of the coabove.	mpany named above. I am auth	norized to make this certification for the Study Area Code listed		
Initial				

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
60544	0	417	20963	39164

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
39145	12937	26208	5682	31890

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
19	6

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place t	o recertify consumer eligibility by relying on:
	MEDICAID, PAN(SNAP)	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I	am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.	
	Initial JR	

OR

T *4* I	
Initial	
11111111111	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
39164	31896	81.44%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	620
February	209
March	707
April	320
May	605
June	438
July	336
August	318
September	422
October	440
November	424
December	482
Total Subscribers	5321

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

589002

Study Area Code (SAC)

### **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

143030103

2016	RI	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless  DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)		TracFone Wireless Inc
		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	any have affiliated ETCs?	Yes No O
determined in accordance with S	lection 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) prership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
laws (or partnership agreem comptroller, treasurer, or a c	nent), and would typically be j	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
I certify that the company li	sted above has certification pr	ocedures in place to:
that, to the best of my	knowledge, the company wa	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or
	ibility by relying upon acces ior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the compabove.	pany named above. I am auth	norized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
7648	0	146	3070	4432

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
3198	3195	3	0	3

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
1234	930

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	MEDICAID . (List database or name of administrator here) Result
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JR

OR

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Initial	
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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
4432	933	21.05%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	403
February	221
March	211
April	144
May	188
June	139
July	145
August	131
September	231
October	258
November	195
December	238
Total Subscribers	2504

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number
reison Completing This Certification Form	Contact Fholie Number